MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2		1					52							
3		1					53							
4	1	2					54							
5		1					55							
6		1					56							
7	1						57							
8		1					58							
9		1					59							
10	1						60							
11		1					61							
12		1					62							
13	1						63							
14							64							
15		6					65							
16		6					66							
17		6					67							
18		6					68							
19		9					69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27		1					77							
28							78							
29							79							
30							80							
31		9					81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	67						TOTAL DEP.							
TOTAL CLAIMS	81						TOTAL CLAIMS							